



KENTUCKY TRANSPORTATION CABINET
 Department of Highways
DIVISION OF CONSTRUCTION PROCUREMENT

TC 14-36
 Rev. 07/2023
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DBE SUBCONTRACT AGREEMENT

CONTRACT ID (CID):	DATE:
PRIME CONTRACTOR:	
DBE Contractor	Supplier
Trucking	Manufacturing
Broker	
1ST TIER SUBCONTRACTOR (if applicable):	
DBE CONTRACTOR:	

This agreement is a supplemental document to the TC 14-35 form submitted to the Cabinet for the entities listed above. All parties involved in the agreement shall follow all local, state, and federal laws and regulations, specifically those regarding 49 CFR Part 26 as outlined in the Contract documents. It is distinctly understood by all parties that failure to do so may result in the action being taken by the Cabinet. Those actions include the following:

- Suspension of Prequalification
- Disallowing credit toward the DBE Goal
- Withholding progress payments
- Withholding payment to the prime in an amount equal to the unmet portion of the contract goal
- Termination of the Contract

In addition, the subcontract agreement between the entities above shall be kept on file according to the record retention policy for federal-aid contracts. The Cabinet may request access to these subcontracts anytime during the project.

ANY CHANGE TO A PREVIOUSLY APPROVED TC 14-35 SHALL BE APPROVED BY THE OFFICE FOR CIVIL RIGHTS AND SMALL BUSINESS DEVELOPMENT (OCSBD) and SHALL be submitted to the Division of Construction Procurement for additional review and approval. Submissions SHALL include the following:

- FHWA 1273 ([FHWA-1273](#))
- Certificate of Liability Insurance for DBE meeting requirements of 107.18 of Standard Specifications for Road and Bridge Construction, *including* Deductible Clause and statement listing KYTC as additional insured.

NOTE: SUPPLIERS SHALL ATTACH SIGNED QUOTE OR PURCHASE ORDER.

PRIME CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP
AUTHORIZED REPRESENTATIVE NAME & TITLE		SIGNATURE		DATE
1ST TIER SUBCONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP
AUTHORIZED REPRESENTATIVE NAME & TITLE		SIGNATURE		DATE
DBE CONTRACTOR	MAILING ADDRESS	CITY	STATE	ZIP
AUTHORIZED REPRESENTATIVE NAME & TITLE		SIGNATURE		DATE

SUBMIT COMPLETED FORM TO: kytc.dbepiansubmittal@ky.gov